15/5/2010

INS. CASE OWNER: JACLYN | CC 6/AIG1801 5779, A 9th Feb '3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN   DOI: 03/09/18   Date / Time: 29/8/18
Registered in Merimen: 29/8/18.

Pre-assign / CCU / FTE

Insured Vehicle No. :	SKM 4665G	Claim No. :	67441374 3856
Name of Insured :	LEONG LAM KHENG JANICE	Policy No. :	7100766657.
Insured Tel No. :	HP: 97749882	Make / Model :	LEXUS.
Excess Sec II :S$	D.O.A : 20/8/18.	Place of Accident :	QUEEN ST CP
Is driver the owner? ((YES) / NO)	Nature of Accident :		
If NO. Driver Name / Age :		OI GIA REPORT: (YES) / NO : TP GIA REPORT: (YES) NO	
Driver Tel No. :	(V/L: (YES) NO)	Insured Liability : %	Final ? Yes / No

SKP 829P → → →

INSRS: WSP: Premium Care Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
20/8/18 Vivian	SKP829P - CS/AIG1180175437 / A 19th Dift = 9/8/18
	SKM4665G-Y
	OI reported no contact
	- TP PROVIDED SCENE PHOTOS.
	- FINALISED
29/07/19	- FILE REVIEWED. OI REPORTED NO COLLISION.
	- TP PROVIDED SCENE PHOTOS.
	- SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUES.
	- TP LOD IN BY EMAIL
06/08/19	- SPOKE TO OI. AGREED TO SETTLE.
04/10/19	- SEND 1ST OFFER TO TP.
	- TP ACCEPTED OFFER.
	- ALL DOCS IN ORDER.

STAGE	DATE / PIC	
Non-Reporting ltr (1st):		
Non-Reporting ltr (2nd):		
Non-Reporting ltr (Final):		
Notification ltr (if non-pickup):		
Call OI:		
After call ltr to OI:	29/07/19 - VIC	
Documentation Check List:	**Handler**	**Typist**
Notification ltr (if non-pickup)	☐	☐
After call ltr to OI:	☑	☐
Authorisation To Act:	☑	☐
Release Voucher:	☑	☐
Final Repair Bill:	☑	☐
Car Rental Invoice:	☐	☐
Towing Invoice	☐	☐
LTA / GIA :	☑	☐
Medical Bill:	☐	☐
PIR:	☐	☐
Mandate/Reject Instruction:	☐	☐
LOD	☑	☐
Payment Breakdown Form:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: LS	S$ 880.00 (2 days) Reduction: 61 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04/10/19	Confirm with ANN TENG	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia : OI HIT PARKED TP
Repair Cost:	S$ 880.00		
Loss of Rental (LOR):	S$ — (days)		
Loss of Use (LOU):	S$ 160.00 (S$ 80 x 2 days)		
Loss of Income (LOI):	S$ — (S$ x days)		
LOR only ☐	LOU only ☑ LOR + LOU ☐ LOR + LO ☐ **[Tick only one]**		
GIA/LTA Search	S$ 7.45		
Medical:	S$ —		1) Claim status: (Normal)/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)		2) Report Format:
Legal Cost	S$ —		3) Survey fee: $320.00
Total:	**S$** 1,017.45	**Global Sum S$:** 1,010.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 1,010.00	Name 1: PREMIUM CARE SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	